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FEC FORM 1

STATEMENT OF ORGANIZATION

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FORM 1	U	HUANIZA	ALION	1 60	יייטבו בט	11112.01	
						ffice Use Only	
NAME OF COMMITTEE (in		(Check if name is changed)	Example: If typ over the lines.	ing, type 12	2FE4M5		
EARN International Union of Operating Engineers							
<u> </u>							
ADDRESS (number and street)							
(Check if a	ddress ,	5 17th Stre	et, NW		1.1.1		
is changed)	Was	shington)C 2	0036	
		(CITY	STA	ATE	ZIP COD	E .
COMMITTEE'S E-MA	VIL ADDRESS (Please	provide only one e-	mail address)				
(Check if	jloug	ghry@juoe.c	rg , , , ,	1 1 1 1	1 1 1		
is change						1 1 1 1	
COMMITTEE'S WEB	PAGE ADDRESS (U	JRL)					
—	L			1 1 1 1 1 1	1 1 1 1	1 1 1 1	
(Check if is change				1 1 1 1 1		3	, , , , <u> </u>
2. DATE 09" / 23° / 2016)							
3. FEC IDENTIFICATION NUMBER C[00624817]							
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)							
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name of Treasurer Brian E. Hickey							
D · (1) · (2)							
Signature of Treasure	er <u>Duan</u>	E. Bukey		Date	9 09	23	2016
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office				r information contact	<u>:</u>	FEC FOR	M 1
Use Only				00-424-9530		(Revised 02/2	2009)

FEC I	Form 1 (Revised 02/2009)	Page 2			
_	COMMITTEE te Committee:				
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate				
Name of Candidate	information below.)	<u> </u>			
Candidate Party Affili	Office Sought: House Senate President	State District			
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate					
Party Co	ommittee:				
(d)		(Democratic, Republican, etc.) Part			
Political	Action Committee (PAC):				
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is			
	Corporation Corporation w/o Capital Stock	Labor Organization			
	Membership Organization Trade Association	Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or par			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fu	ndraising Representative:	·			
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
Co	mmittees Participating in Joint Fundraiser				
1.	FEC ID number				
2.					
3.					
4.		<u> </u>			

w	rite or Type Committee Nam	e	·			
E	EARN International Union of Operating Engineers					
6.	Name of Any Connected	Organization, Affiliated Committee, J	oint Fundraising Repr	esentative, o	r Leadership PAC	Sponsor
lr	International Union of Operating Εηgineers					
	Mailing Address	1125 17th Street, NW	(
		[Washington]		DC	20036, -	للللل
		CITY		STATE	ZIP COD	DE
	Relationship: Connecte	ed Organization Affiliated Committee	e Joint Fundraising	Representativ	ve Leadership F	PAC Sponsor
7.	Custodian of Records: Ide books and records.	entify by name, address (phone number	r optional) and positi	on of the per	son in possession (of committee
	Full Name John	W. Loughry	1 1 1 1 1 1 1 1			
	Mailing Address	[1,125,17th Street, NW				
				1.1.1.1		
		Washington		DC	20036	
	Title or Position	CITY		STATE	ZIP COD	ÞΕ
	Assistant Treasu	ırer , , , , , , , , , , , , , , , , , ,	Telephone num	nber [202		2623 , ,
	Treasurer: List the name as any designated agent (e.g.,	nd address (phone number optional) assistant treasurer).	of the treasurer of the	committee; a	and the name and a	address of
	Full Name of Treasurer	E. Hickey				
	Mailing Address	1125,17th Street, NW		1.1.1	11111	لــــــا
		Washington CITY		DC ₁ STATE	20036	L L L L L L L L L L L L L L L L L L L
ı	Title or Position Treasurer		Telephone num	1202		

CITY

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ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

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